

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>SPECIAL OPERATIONS FOR AMERICA</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00523241       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |             |  |   |  |  |
|--|-------------|--|---|--|--|
| Full Name of Payee<br><b>TWITTER</b>   |             |  | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 03 / 2016</div> </div>                               |  |  |
| Mailing Address 1355 MARKET STREET SUITE 900   |             |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">181.00</div>   |  |  |
| City<br>SAN FRANCISCO  | State<br>CA | Zip Code<br>94103  | <b>Transaction ID : SE.134299</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>11 / 04 / 2016</div> </div> |  |  |
| Purpose of Expenditure<br>ONLINE ADVERTISING   |             | Category/<br>Type  | Name of Federal Candidate<br>ZELDIN, LEE M, ,   |  |  |
| Name of Federal Candidate<br>ZELDIN, LEE M, ,  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY                                 |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">31443.00</div> |             |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶   |  |  |

|  |       |   |  |  |  |
|--|-------|---|--|--|--|
| Full Name of Payee   |       |   | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>             |  |  |
| Mailing Address  |       |   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div>  |  |  |
| City   | State | Zip Code  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>                    |  |  |
| Purpose of Expenditure   |       | Category/<br>Type   | Name of Federal Candidate  |  |  |
| Name of Federal Candidate  |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |       |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                      |  |  |

|  |   |
|--|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">181.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>       |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>       |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIGA, HELEN, K, MRS,

[Electronically Filed]

Date

 MM / DD / YYYY  
 11 / 04 / 2016

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F24N  
Transaction ID :

Due to a software problem, the correct aggregate number for the Calendar Year-to-Date Per Election Sought does not appear. The correct aggregate number should be \$34,158.22.

Form/Schedule:  
Transaction ID: